

**RYAN WHITE TITLE I DENTAL FORMULARY**  
**REVIEW REQUEST FORM**

Date of Request: \_\_\_\_\_

Request for (check one):

\_\_\_\_ Addition

\_\_\_\_ Deletion

**FOR OSBM USE ONLY**

\_\_\_\_ Date Request Received  
\_\_\_\_ Date of Dental Panel Review  
\_\_\_\_ Date of Medical Care Subcommittee Review  
\_\_\_\_ Date of Care & Treatment Cmte. Approval  
\_\_\_\_ Date of Full Partnership Approval

- (1) Current Dental Terminology (CDT) code and description of dental procedure:  
\_\_\_\_\_  
\_\_\_\_\_
- (2) Please list other procedures currently in the Title I Dental Formulary which are considered similar to the proposed addition/deletion.  
\_\_\_\_\_  
\_\_\_\_\_
- (3) Should there be any restrictions on the use/availability of this procedure? ☐ Yes ☐ No ☐ N/A  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
- (4) Please indicate your reason for this request:  
☐ New dental procedure available  
☐ Dental procedure no longer used  
☐ Change in dental code – The replacement code is \_\_\_\_\_  
☐ Other (specify): \_\_\_\_\_
- (5) Please justify the reason for the addition or deletion of this code. Provide appropriate references where applicable. (Attach back-up documentation to support your request, as needed.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (6) I understand that this request will be considered at the next meeting of the Ryan White Title I Dental Panel, which meets quarterly.

\_\_\_\_\_  
(Dentist's signature)

Print Name: \_\_\_\_\_

Phone/Pager: \_\_\_\_\_

Dental Clinic Site: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Dentist's License #)

**Please forward this request to:**

**Carla Valle-Schwenk, Program Administrator**  
**Miami-Dade County - Office of Strategic Business Management**  
**Ryan White Title I Program**  
**111 N.W. 1<sup>st</sup> Street, 22<sup>nd</sup> Floor**  
**Miami, Florida 33128**  
**Telephone (305) 375-4742 / Fax (305) 375-4454**